UNITED NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1993/P/L.24
26 March 1993

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Programme Committee
1993 session

FOR ACTION

RECOMMENDATIONS FOR FUNDING FROM GENERAL RESOURCES AND SUPPLEMENTARY FUNDS FOR SHORT-DURATION COUNTRY PROGRAMMES IN KAZAKHSTAN, KYRGYZSTAN, TAJIKISTAN, TURKMENISTAN AND UZBEKISTAN*

The present document contains recommendations for funding from general resources and supplementary funds for country programmes with a duration of two years or less that support activities in countries where full-length country programmes are under preparation. The Executive Director recommends that the Executive Board approve the following amounts from general resources, subject to the availability of funds, and the following amounts in supplementary funds, subject to the availability of specific-purpose contributions, for the country programmes listed below.

Country/programme	Amount (United States dollars)		Duration
	General resources	Supplementary funds	
Kazakhstan	2 000 000	4 000 000	1993-1994
Kyrgyzstan	2 000 000	2 000 000	1993-1994
Tajikistan	2 000 000	4 000 000	1993-1994
Turkmenistan	2 000 000	2 000 000	1993-1994
Uzbekistan	2 000 000	4 000 000	1993-1994
Programme support and operations	1 500 000	-	1993-1994

Summaries of individual recommendations follow.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1992, will be contained in the "Summary of 1993 recommendations for general resources and supplementary funding programmes" (E/ICEF/1993/P/L.2 and Add.1).

93-17899 (E) 140493 16/04/93

/...

CONTENTS

	Paragraphs	Page
BACKGROUND AND STRUCTURE OF THE RECOMMENDATIONS	1 - 4	3
THE SITUATION OF CHILDREN AND WOMEN	5 - 12	3
THE EVOLVING SITUATION AND PREVIOUS UNICEF COOPERATION	13 - 31	5
RECOMMENDED PROGRAMME COOPERATION, 1993-1994	32 - 55	9
COUNTRY-SPECIFIC SITUATIONS, STRATEGIES AND PROGRAMME AREAS ..	56 - 122	15
A. Kazakhstan	56 - 72	15
B. Kyrgyzstan	73 - 90	19
C. Tajikistan	91 - 93	23
D. Turkmenistan	94 - 105	24
E. Uzbekistan	106 - 122	27
COUNTRY PROGRAMME MANAGEMENT	123 - 125	30

BACKGROUND AND STRUCTURE OF THE RECOMMENDATIONS

1. At its 1992 session the Executive Board reviewed the situation of children and women in Central and Eastern Europe and in the new independent States (E/ICEF/1992/L.14). The report noted rapidly deteriorating circumstances that adversely affected children, resulting in acute human need, significant suffering and widespread problems in health, education and social services. After review and discussion, the Executive Board recommended that country programmes be developed for the new independent States of Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan (E/ICEF/1992/14, decision 1992/19).

2. Accordingly, the present recommendations were prepared based on programming missions carried out in Kazakhstan, Kyrgyzstan, Turkmenistan and Uzbekistan during October and November of 1992. The planned mission to Tajikistan could not take place, as civil war had broken out. Information on Tajikistan is based on reports of an earlier UNICEF/World Health Organization (WHO) mission, carried out in February and March of 1992, and on other sources.

3. The recommendations cover five countries that share administrative structures and service delivery systems developed under the former Soviet Union. Despite many significant differences, they have similar epidemiological patterns, environmental problems and educational reform efforts, and they are undergoing a difficult transition towards a market economy. However, each is moving at a distinct pace and varies in terms of general demographics, natural resources and national culture. All five countries are very nationalistic in relation to their neighbours in Central Asia and to other former republics of the Soviet Union. The degree of political stability ranges from civil and military strife (in Tajikistan) to relatively strong and stable Governments.

4. The recommendations outline the common structures and problems related to children and women in the region and the overall programme strategy for the two-year bridging period. It includes general areas of proposed UNICEF support and provides a brief analysis of specific country conditions, an outline of strategies and activities for each country and a summary of recommended levels of UNICEF support from general resources and from supplementary funds.

THE SITUATION OF CHILDREN AND WOMEN

5. The five countries cover an area of 3.9 million square kilometres, almost one fifth of the territory of the former Soviet Union, and have a combined population of over 50 million. The populations, slightly more than 50 per cent rural, have high fertility rates and moderately low mortality rates. Population growth ranges from about 0.8 to 2.5 per cent per year. Economically, these republics were the poorest of the former Soviet Union, even before current difficulties. Per capita gross national product (GNP) in 1991, estimated by the World Bank, was in the "lower-middle-income" category, ranging from $1,050 to $2,470, and these levels are rapidly declining. (Other sources suggest much lower per capita GNP for 1991, on the order of $700 to $1,500.) Based on national health system data, infant mortality rates (IMRs) range from 27 to 46 per 1,000 live births. These levels may be underestimated, and the State of

the World's Children 1993 report shows much higher figures ranging from 44 to 94 per 1,000 live births.

6. Previous policies requiring 10 years of schooling resulted in near universal literacy for both females and males. Women represent about 50 per cent of the labour force, although they generally occupy the less prestigious positions. In the past, extensive allowances were provided for pregnancy, childbirth and the needs of children and students. In most of these countries the real value of such allowances has been eroded by about 50 per cent by inflation over the past two years.

Health services

7. An extensive, six-tiered government health care system, ranging from specialized hospitals to community-based polyclinics and medical aide stations (feldsher), was accessible, until recently, to almost 100 per cent of the population at no cost. Past reductions in infant and maternal mortality were achieved by the provision of extensive curative services. Medical care was characterized by heavy use of drugs and injections and high hospitalization rates. Little emphasis had been given to empowering families with knowledge and practices for prevention or appropriate management of childhood illness.

8. In recent years vaccine-preventable diseases have not represented a significant cause of infant mortality in these countries. However, despite some of the highest health worker-to-population ratios in the world, immunization coverage of one-year-olds has not been universal. Problems in vaccine production among traditional suppliers have created vaccines shortages since 1991, especially for measles vaccines. Measles vaccination appears to be declining and cases of diphtheria and pertussis have increased.

9. Acute respiratory infections (ARI) account for over one half of child morbidity and between 32 and 45 per cent of mortality; there are approximately 20,000 infant deaths annually in the four countries assessed attributed to ARI. There are no national ARI policies, and antibiotics are widely used for viral infections. About 85 per cent of perinatal mortality, the second leading cause of infant death, are due to asphyxiation. Nearly all births take place in hospitals, and over 90 per cent of women make between 5 and 10 antenatal visits during pregnancy. According to WHO estimates, maternal mortality rates (MMRs) range from 39 to 55 per 100,000 live births (65 to 107 per 100,000 live births according to government sources). Rates of Caesarian section are relatively low. As many as 75 per cent of pregnant women are anaemic.

10. High birth rates and inadequately spaced births are a problem, with a mean birth interval of around 18 months. Family planning programmes received little attention until very recently, and problems are reported with the quality and availability of contraceptives. Contraceptive prevalence rates are estimated at under 25 per cent. In addition, health officials report varying degrees of social resistance to family planning, especially in rural areas. Rates of abortion are high; abortions are performed in an estimated one fourth to one half of all pregnancies.

11. Generally poor sanitation and low public awareness of hygiene practices contribute to the high incidence of diarrhoea, the second or third leading cause

of infant mortality in the five countries. Deficiencies in access to water supply and poor water quality underlie some of the basic health problems in several of these countries. Official figures of access to safe water range from 76 to 85 per cent in urban areas and 49 to 51 per cent in rural areas. There are high rates of hepatitis A transmission (over 500 cases per 100,000 in Turkmenistan and Uzbekistan). Chemical contamination of food and water is a problem, particularly in areas of cotton cultivation where the presence of chemical toxins in breast milk has been reported.

Nutrition

12. An increasing portion of household budgets is devoted to food purchases, and an increased amount of family time is devoted to family food cultivation and/or home preservation of food. In 1992, high food prices forced families to reduce food consumption, and surveys of schoolchildren show a 20 per cent reduction in the intake of fruits and vegetables. Nutritional problems have resulted from unbalanced diets, including micronutrient deficiencies (especially anaemia in women). Infants are regularly measured for weight and height. However, aggregated data or studies on child nutrition are not available, with the exception of one recent study in Kazakhstan.

THE EVOLVING SITUATION AND PREVIOUS UNICEF COOPERATION

Initiatives in early 1992

13. A UNICEF/WHO assessment mission was carried out in February 1992 to review conditions in the new independent States, including Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan. A "looming crisis" was found based on conditions of hyperinflation, decreases in household purchasing power and depletion of household savings and food stocks, with fewer and fewer households able to obtain basic human needs. The report of the assessment mission described the crisis as "wholly unprecedented, still rapidly evolving and unpredictable ... The danger, of course, is a sudden and massive breakdown of systems, leading to a vicious spiral of widespread human suffering and political and economic chaos".

14. The report called on donors to provide $115 million in external assistance for high-priority health needs for 1992 and 1993. In April 1992, the information was presented to the various countries and has been widely circulated to donors. UNICEF also delivered $1 million in antibiotics and measles vaccines to meet emergency needs. A more detailed assessment of the expanded programme on immunization (EPI) was carried out in two countries in June 1992 by staff from the UNICEF country office in Afghanistan.

15. UNICEF issued a special request in the amount of $25 million for the new independent States in October 1992 to purchase drugs, vaccines and other critical supplies. The lack of a country programme has constrained follow-up to emergency donations provided in April and has been a factor in the limited donor response.

End-year crisis assessment and programming mission

16. A second major mission, carried out from 20 October to 27 November 1992, visited four countries and focused on assessment and programme preparation for the 1993-1994 "bridging" period. The mission took a more in-depth look at the evolving situation of economic and social services, the risks for women and children and potential for UNICEF cooperation.

Erosion of the "safety net"

17. The mission found that inflation was rapidly eroding the safety net function of social protection, placing an increasing number of women and children in jeopardy. The collapse of trade, the loss of the "union subsidy" which previously provided up to 55 per cent of budgets, and the reduction in production and government revenues have placed government budgets of most of these countries under severe pressure. This pressure will continue over the coming period of adjustment and transition to market-oriented economics and is being passed on to families as reductions in real income. (In Kyrgyzstan, for example, prices rose by up to 22 times compared to only a tenfold increase in wages between January 1991 and September 1992.)

18. In 1992, hyperinflation wiped out many families' accumulated personal savings. Any increases in family income have been needed to purchase food, even as the quality of food has diminished and the quantity of dietary intake has declined by 20 per cent or more. The collapse of trade among the former republics has also caused many enterprises to shorten work weeks or temporarily shut down production completely, reducing salaries. Current privatization and marketization are expected to lead to widespread unemployment, with a disproportionate impact on women.

Reduction of services

19. The deterioration of social services has compounded the effects of economic change on women and families. School periods have been shortened to eliminate school meals and there is a severe shortage of textbooks and teaching materials in all but one of these countries (Turkmenistan). Rapid population growth without capital investment in education threatens to reduce the high rates of literacy.

20. Drugs and vaccines are disappearing at the first levels of the health system - the feldsher stations - so that families must travel farther to the polyclinics and rural hospitals to satisfy basic health needs. The rural hospital system itself is threatened because of the low utilization (by those genuinely requiring hospital care) and by the need to cut costs. Traditional, low-cost drug suppliers to these countries have decreased production and are now demanding hard currency. As a result, only 30 to 40 per cent of drug requirements were procured in 1992.

21. In response both to emerging political and social conditions and to the need for additional sources of financial support for the health sector, some countries are now carrying out, in differing degrees, a set of reforms which include: medical insurance for employees in the non-state sector; privatization of all or part of the health system; decentralization of management

responsibility to regional (oblast) and district (rayon) levels; and liberalization of the subsidized prices of drugs and health services for some of the populations. The movement towards medical insurance is most advanced in Kazakhstan and Kyrgyzstan. Among the five countries, Turkmenistan in particular has sufficient resources to maintain and finance its existing health system.

Effectiveness of health services

22. Economic constraints on the quantity and quality of services provided by current health systems imperil past achievements and could cause significant increases in infant and child morbidity and mortality. However, the relative isolation of these systems from recent world developments in health programming and preventive care creates opportunities to improve policies and update less-effective care, with the potential to offset more negative developments.

23. Mortality rates for ARI and diarrhoeal diseases could be reduced by introducing WHO-recommended approaches for case management, for example, increasing family knowledge, reducing the misuse and overuse of drugs, and initiating early treatment at the primary level. Such an approach would also significantly reduce overall use and costs of drugs. Similarly, adoption of the WHO schedule for EPI could reduce morbidity of the vaccine-preventable diseases if combined with updated practices on contraindications (so as to increase immunization coverage at earlier ages), integrated training and strengthened supervision of the cold chain to ensure quality of vaccines. This would also reduce significantly the overall requirement for vaccines.

24. The "baby-friendly" hospital initiative could expand the practice of breast-feeding, thus reducing infant morbidity and mortality and eliminating hard currency demands for the importation of milk substitute formulas. This might also provide an entry point within maternity hospitals to strengthen risk management aimed at reducing perinatal and maternal mortality.

Water supply and sanitation

25. Economic trends and technical problems, combined with serious environmental degradation, threaten to reduce access to a safe water supply and adequate sanitation. Planning, management, financing and monitoring of water supply and sanitation are the responsibility of a wide variety of institutions and there is little coordination. Water loss from rusting of inappropriate pipes and fittings appears to be high, and leakages, combined with negative pressures, make the threat of water contamination serious. This threat is likely to grow as price increases discourage replacement of pipes and purchase of chlorine for water purification. While personnel in the sector are technically competent, they have been relatively isolated from development in sustainable, low-cost technology, planning and management.

26. There is generally low awareness of sanitation needs. Simple pits covered with a concrete or wooden slab are the norm in rural areas and exist even in many urban areas. Public facilities, including health centres and schools, use the same method. Soap has become expensive and is often not available. Sewerage contamination is increasing. Ministries of health have an epidemiological service responsible for monitoring water quality, but lack technical capacity and portable water-testing equipment at the local level.

Areas of cotton cultivation, especially around the Aral Sea, have been heavily contaminated by chemicals.

Education and literacy

27. Compulsory education and universal access to school have resulted in uniformly high levels of literacy in each of the five countries. A major concern is to safeguard these accomplishments during the transition period. Many schools already run two and sometimes three shifts. Some pre-schools run by enterprises and collectives, in which parents have been asked to share costs, have had to close, and alternative, home-based provision of pre-school services is being explored. Close attention to the effects of these changes on women and their work opportunities is needed. Proposed changes in curricula and language at all levels - including proposals to replace the Cyrillic alphabet - also pose major challenges at a time when resources in most of these countries are severely limited. If basic education services are to be maintained, strengthening data analysis for planning purposes must be a high priority.

Policy reform

28. The economic crisis is forcing consideration of radical change, including proposals to privatize health services and health insurance financing systems. In general, the need for reform is clear, but officials are seeking assistance to design reforms that reduce risks to vulnerable groups and to establish safety net monitoring systems to detect and respond to unexpected problems. Policy makers have made specific requests for UNICEF assistance to strengthen the capacity of health systems in the prevention and promotion of health care.

Strengthening capacity of non-governmental organizations

29. With the reduction in government capacity to address welfare needs of the most vulnerable, the need for non-governmental support and generation of local resources increases. Existing non-governmental organizations (NGOs), particularly the national Red Crescent and Red Cross Societies and the various children's funds, have important experience in using a safety net approach that identifies specific needs at the local level. As economic conditions and hyperinflation force Governments to reduce the real value of allowances, or to abandon them altogether, the work of NGOs will become even more critical. This responsibility comes at a time when established NGOs face a funding crisis and new NGOs are struggling to establish organizational methods and sustainable activities. In response, some are experimenting by establishing local enterprises whose profits can be used to fund activities.

Contacts and coordination with other agencies and donors

30. Prior to and during the UNICEF October-November assessment and programming missions, there were extensive contacts with other agencies and donors to identify needs and to determine areas where UNICEF can make its most effective contributions.

End-1992 emergency responses

31. The mission also identified emergency need for measles vaccines, antibiotics to treat measles and other essential drugs, including vitamin A. In early December 1992, $1 million was released from the Emergency Programme Fund (EPF) to respond to these needs and to provide technical assistance to assure effective use of these funds for children and other vulnerable groups.

RECOMMENDED PROGRAMME COOPERATION, 1993-1994

Overall objectives and strategies

32. Structural adjustment, combined with widespread social and political change, has created serious concern about maintenance of accomplishments in health and education for women and children in the region. The proposed UNICEF programme contains emergency measures, as described above, as well as flexible support for survival and development programmes. Urgent action is required to ensure that past gains and the present welfare of children and women are not sacrificed during the transition. At the same time, new systems need guidance and strengthening to achieve further reductions in infant, child and maternal mortality in the post-transition era.

Programme objectives

33. The programmes of cooperation for each of these countries share three objectives:

(a) To ensure that critical services continue to be accessible and of high quality;

(b) To ensure that means are found to catch those falling through the safety net and to strengthen the system accordingly;

(c) To empower families and communities to support the health, development and protection of children and mothers.

34. These objectives are supplemented by three operational objectives expected to have a longer-term, indirect impact:

(a) To provide Governments and other groups assisting children with reliable information on the situation of children and women during the transition;

(b) To assist Governments and NGOs to identify needs and to mobilize material and technological support in order to fill critical gaps during the transition period;

(c) To assist Governments to develop full-scale country programmes of cooperation for the period 1995-1999, linked to national programmes of action (NPAs) as outlined in the 1990 World Summit for Children.

Strategic principles

35. Programme implementation in each of these countries will remain flexible, but will emphasize a core of strategic principles designed to support longer-term replication and sustainability. Activities should:

(a) Monitor the situation of children and women during the transition and link the information to decisions that strengthen or fill gaps in social safety nets;

(b) Assist Governments to review their current systems and to revise them accordingly, moving towards more self-reliant and participatory approaches to social service delivery;

(c) Provide information on improved models and techniques in areas related to the health and development of children and women, based on national and subnational projects and regional and international experience;

(d) Provide critical, high-priority supplies, in coordination with, and as a complement to, inputs and activities provided by the Governments and by other donors and organizations;

(e) Anticipate emergencies and respond rapidly to emerging humanitarian needs.

36. Strategies in the five countries will include: strengthening NGO capacity to decentralize action for women and children; local and national advocacy of children's needs and participatory problem-solving at the community level; documentation of projects and activities, including successes and failures; and local resource generation aimed at sustainability of services and local safety nets.

37. All UNICEF-supported activities will attempt to enhance basic life skills training and income generation for the most vulnerable women; build awareness and networks among interest groups that advocate and work for children; and seek active collaboration with other United Nations agencies and donors to avoid duplication of assistance and to draw upon organizational strengths and specialized resources.

Phasing of activities

38. As in most countries with a UNICEF programme of assistance, there are many priority areas. Yet resources for supplies, cash assistance and other support will be severely limited. In addition, programme implementation in each country will face constraints due to the limited previous experience of Governments and NGOs in working with international agencies. Ongoing national reforms may conflict with the work of development partners, and the lack of an established UNICEF office is also a constraint.

39. These constraints will not allow UNICEF to manage the full range of activities needed to address the problems of children and women during the two-year bridging programmes. Therefore, implementation must be selective and carried out in phases. In 1993, each country will begin to implement national

and regional initiatives in specific focus areas. Based on progress achieved, these activities will then be implemented on a national scale by the end of 1993 and during 1994. Initiatives which prove especially effective will be shared with other countries for possible adaptation during the second year of the programme. Experience gained in programme and project areas during the two-year bridging period will form the basis for the 1995-1999 country programmes of cooperation, which will be developed in 1994.

40. Activities selected by each country will be implemented in phases according to priorities. In many cases, initial actions will be area-based, starting at the regional or even district level. In view of these considerations, the budgets for the two-year programme are not broken down by year, but instead are presented for 1993 and 1994 together, with the schedule to be determined in the context of each country.

National programme activity clusters

41. Based on the October-November 1992 assessments and on discussions with government officials in the four countries visited, it was decided that each country should have both a general set of activities and a more specific emphasis area for UNICEF support. It was further decided that five "clusters" of activities will be supported at the national level throughout the region, in the following areas.

Monitoring and information exchange for children and women

42. This cluster of activities will promote continuous monitoring of the effects on women and children of the economic situation and policy developments during the transition, including improvements in basic data and identification and monitoring of key indicators for priority programme areas. Activities will encourage the exchange of information among Governments, NGOs and donors for a rapid response to critical needs. Within this cluster, UNICEF will support the establishment of an "information-sharing network" to collect and disseminate information on children and women. UNICEF will also support more extensive monitoring of the social safety net during the transition process, both at national and subnational levels.

43. UNICEF will sponsor intercountry technical cooperation to support an exchange of experiences and to provide training opportunities for mid-level staff working on UNICEF-supported activities. Because activities are likely to be phased in differently in each country, the country taking the lead in a particular project will provide opportunities for those planning similar interventions to participate in project planning, design, training, implementation, assessment and documentation.

Increasing the effectiveness of health services for children and women

44. Activities supporting health services in each country will include support for updating child health policies and training and other actions aimed at the main causes of infant and child mortality. Activities will focus on ARI, control of diarrhoeal diseases (CDD), EPI, vitamin A supplementation and nutrition. These may lead to support for training and training materials; strengthening of logistics planning and support systems; consultancies on such

production issues as oral rehydration salts (ORS) and vaccines; procurement of drugs and vaccines to fill critical gaps; and social and organizational mobilization for special initiatives.

45. Activities to reduce newborn and maternal morbidity and mortality will be supported. Implementation of the "baby-friendly" hospital initiative may serve as an entry point for analysis and longer-term action on causes of maternal and perinatal morbidity and mortality. Support may include visits, intercountry seminars, training and training materials, and social and organizational mobilization.

46. To improve the management, rational use and provision of the drug supply and to improve the availability and use of basic drugs, UNICEF will support advocacy, technical assistance, training in management and logistics and a pilot implementation project on financial innovations. UNICEF will also assist in the procurement of drugs to fill critical gaps in supplies.

47. To strengthen the public health orientation and effectiveness of preventive health care by first-level health workers, UNICEF will support community assessment and communication training for health workers in countries throughout the region. Focusing on Facts for Life topics, health worker training materials will be developed that emphasize skills in needs assessment, community participation and interpersonal communication. UNICEF will provide technical and material support to strengthen government capacity for such training.

Improving water supply and sanitation and the environment

48. The objective of this cluster is to strengthen monitoring of, and advocate progress in, access to a safe water supply and a safe environment for children and mothers. Environmental degradation threatens progress and has a potentially serious impact on the health of young children. In each country UNICEF will support the introduction of a water supply and sanitation monitoring system to improve planning and management at regional and national levels. UNICEF support will include advocacy, technical support for policy update, computer software and hardware and training and communication support for effective data dissemination and use.

49. UNICEF will also support, in two countries, the strengthening of a national information base on the quality of water and infant food and will promote local action to reduce environmental risks through the supply of portable water quality-testing equipment and training in its use by staff of the ministries of health. Studies also will be conducted, including analyses of breast milk and infant foods.

50. UNICEF will assist in improving information and experience exchanges on water supply and sanitation technologies and quality assurance. This will include the distribution of technical materials, which have been translated into Russian, and possible exchange visits, seminars and workshops. Consultancies will explore the potential of local production (e.g., pumps, PVC pipes).

Enhancing basic education

51. Achievements in basic education could be threatened as economic crises and resource scarcities affect a system trying to cope with population increase and educational reform. The management financing of education systems needs to be examined while promoting a stronger community role to ensure continuity and opportunity. UNICEF experience in basic education curricula development (especially Facts for Life and education for development) will be useful in national efforts to revise curricula to reflect new directions in social and economic systems.

52. While UNICEF resources for these countries are relatively small, the promotion of curriculum innovations relevant to the needs of post-transition, democratic societies and to the rights of the child are viewed as essential. UNICEF will support activities that introduce these concepts to curriculum developers and researchers; provide exposure to work done in developed countries; and allow rapid translation and adaptation of modules on environment, interdependence, social justice, human rights and conflict resolution.

Planning and social communication for children and women

53. The objectives of this activity cluster are to develop government and NGO capacities at national and local levels for planning and coordination of social communication leading to actions for women and children, including strengthening social mobilization capacities related to programme initiatives; undertaking more general advocacy and information dissemination related to NPAs and to the Convention on the Rights of the Child; and developing country programme planning capacity.

54. In each country of the region, UNICEF will assist in strengthening counterparts in organizational and public communication design and implementation. Training and technical and material support will be provided for social communication initiatives according to country programme emphases. UNICEF will support the need identified in each of these countries to translate and reproduce policy documents, studies and other materials that UNICEF regularly produces internationally.

55. In addition, each country will be supported in its efforts to conduct a national situation analysis and to prepare a 1995-1999 country programme.

Recommended programme cooperation, 1993-1994

Estimated expenditure

(In thousands of United States dollars)

General resources

Programme activity cluster	Kazakhstan	Kyrgyzstan	Tajikistan	Turkmenistan	Uzbekistan
Monitoring and information exchange	300	500	-	200	200
Strengthening MCH services	1 000	600	-	400	1 200
Water supply and sanitation	200	200	-	1 000	200
Enhancing basic education	200	400	-	100	100
Planning and social communication	300	300	-	300	300
Emergency activities			2 000 a/		
Subtotal, general resources b/	2 000	2 000	2 000	2 000	2 000
Programme support and operations	1 500				

Supplementary funding

Programme activity cluster	Kazakhstan	Kyrgyzstan	Tajikistan	Turkmenistan	Uzbekistan
Monitoring and information exchange	800	300	-	200	300
Strengthening MCH services	2 000	1 200	-	500	2 200
Water supply and sanitation	500	200	-	1 100	800
Enhancing basic education	500	200	-	100	500
Planning and social communication	200	100	-	100	200
Emergency activities	-	-	4 000	-	-
Subtotal, supplementary funding c/	4 000	2 000	4 000	2 000	4 000
Total, per country d/	6 000	4 000	6 000	4 000	6 000

a/ Funds for emergency assistance activities will be channelled in areas consistent with overall programme strategies and needs identified through an assessment and programming mission to be undertaken as soon as the situation in the country stabilizes.

b/ Total general resources for the five countries, including programme support and operations is $11.5 million.

c/ Total supplementary funding for the five countries is $16 million.

d/ Total expenditure for the five countries is $27.5 million for the 1993-1994 period.

COUNTRY-SPECIFIC SITUATIONS, STRATEGIES AND PROGRAMME AREAS

A. Kazakhstan

Basic data (1990 unless otherwise stated)

Child population (millions, 0-15 years) (1989-1990)	5.5
U5MR (per 1,000 live births)	..
IMR (per 1,000 live births) (1990)	44
Underweight (%, moderate and severe)	..
Maternal mortality rate (per 100,000 live births) (1989)	53
Literacy (%, male/female)	..
Primary school enrolment (%, net, male/female)	..
Percentage of grade 1 reaching grade 4	..
Access to safe water (%, urban/rural)	..
Access to sanitation (%, urban/rural)	..
GNP per capita	$2,470

One-year-olds fully immunized against:

tuberculosis:	.. per cent (1989-1991)
diphtheria/pertussis/tetanus:	.. per cent (1989-1991)
measles:	94 per cent (1989-1991)
poliomyelitis:	86 per cent (1989-1991)

Pregnant women immunized against:

tetanus:	.. per cent (1989-1991)

56. Among the five countries, Kazakhstan has the largest territory, the lowest population (16.7 million in 1990), the highest per capita income ($2,470 in 1991) and the highest degree of industrialization. Agriculture accounts for 21 per cent of total employment. The country is well endowed with natural resources and was a prime supplier of raw materials and food to the former Soviet Union. Kazakhstan is the only country among the five that does not have a shortage of food. Social indicators of development are also higher: its population growth rate is less than one half the average of the other four countries; the total fertility rate (2.9) and IMR (44 per 1,000 live births) are the lowest in the region; and life expectancy is the highest (63.9 years for men and 73.1 years for women). Given its level of economic development and substantial resource base, Kazakhstan's capacity for economic recovery and further social development is high.

57. In the health sector, IMR is estimated by the Ministry of Health at 27 per 1,000 live births, but United Nations estimates are much higher (44 per 1,000 live births). Estimates of MMR also vary; government sources give an MMR of 67 per 100,000 live births for 1991, while the WHO estimate is 53 per 100,000 (in 1989). Such discrepancies point to an acute need for more accurate statistics and more consistent methods for national and international

dissemination of social sector data. In 1991, the main causes of infant death were ARI, 32 per cent; perinatal causes, 30 per cent; diarrhoeal diseases, 13.5 per cent; and congenital abnormalities, 12 per cent. The incidence of prematurity has increased in the last three years, now causing some 60 per cent of perinatal deaths.

58. The health care infrastructure is impressive, but health services have been hurt by the economic crisis. The entire health system is in need of reorientation. Although ARI is the leading cause of death in infants, there is no structured programme or national case management guidelines. MMR can be as high as 130 per 100,000 live births in rural areas, and in 1991 the abortion rate was 95 for every 100 live births. Maternal health, antenatal care and access to family planning information and services require improvement. As in the other countries, there is no essential drugs list nor is there rational use of prescribed drugs. The Government has begun a medical insurance system under which enterprises will pay for health services for their employees. Regional and district levels of Government are also assuming increased responsibility for health care.

59. The quality and availability of education is decreasing, threatening past achievement. Currently there are funds only for salaries and utilities. Teachers' salaries cannot keep up with rising prices and there are severe shortages of books and paper. There are no funds for school lunches or teaching materials. The situation is expected to worsen when Kazakh becomes the official language in all schools, for some 2 million students. Working mothers with young children are especially hard hit as the Government is no longer able to finance new preschool entrants; current preschools meet less than 50 per cent of need. Although the student-teacher ratios are as low as 1 teacher for 11 students, 31 per cent of pupils attend second or third shifts because existing facilities are inadequate.

60. Water supply and sanitation service coverage is estimated at 85 and 70 per cent, respectively, for the urban population and 51 and 10 per cent, respectively, for the rural population. Rural sanitation presents a serious problem as there is generally little awareness of the need for better practices among the population and there is no government department responsible for improving rural sanitation. Significant financial resources for this area are currently unavailable and, at the technical level, there is little awareness of cost-effective solutions to the sanitation problem.

61. Kazakhstan continues to play a role as a regional centre. There are two WHO collaborating centres in the capital of Alma Ata (Regional Centre on Problems of Nutrition and Regional Centre on Primary Health Care, now devoted to nurses' training). An integrated United Nations office was scheduled to open in late 1992 or early 1993. In addition, a regional office of the International Federation of Red Cross and Red Crescent Societies opened in Alma Ata in 1992, and the Kazakh Red Cross and Red Crescent Society has a strong national network of staff and visiting nurses. These organizations increase the potential for rapid improvements in training, developing a base for stronger advocacy for children, strengthening the national research agenda for children and developing strong collaborative efforts between UNICEF, other United Nations agencies and NGOs.

Strategy

62. The two-year bridging programme in Kazakhstan draws heavily on the objectives, principles and approaches outlined for all of the countries in Central Asia. However, an urgent request by the Ministry of Health for UNICEF assistance led to a release of emergency funds to address the major problem of ARI.

63. The Government proposed a "Special Winter Programme to Control Pneumonia in Children" and $387,000 of the EPF were allocated to provide antibiotics to avert serious illness among infants and children during the winter of 1992. Depleted stocks of pneumonia treatment drugs, increasing numbers of children susceptible to measles, especially in the 9- to 15-month age-group, and evidence of a 20 per cent reduction in dietary intake of vitamin A all raised fears of a potential doubling of infant mortality in the absence of emergency action.

64. UNICEF provided drugs to treat pneumonia in children under five years of age at primary referral levels. All children under five years of age were given vitamin A and children over nine months of age were inoculated against measles. UNICEF also provided technical support for a mass orientation programme for medical personnel who were introduced to WHO ARI guidelines, updated policies on EPI and rationale and instructions for prophylactic administration of vitamin A. A major social mobilization initiative, with the personal involvement of the President and the leadership of the Children's Fund, encouraged parents to seek early diagnosis and treatment for children with coughs.

65. Following up on this emergency effort, assistance to Kazakhstan will concentrate on improving the effectiveness of maternal and child health (MCH) systems. Support will be provided for actions at both national and regional levels.

Programme actions

66. UNICEF will collaborate with WHO and the Ministry of Health to establish a national programme for the control of ARI, based in part on assessment of outcomes of the 1992-1993 winter project. Assistance will include support for research on case management, development of national plans and objectives, and initiation of training at national, regional and district levels of the health system. Adaptation of training materials will also be supported and, if necessary, some drugs will be provided for the winters of 1993/94 and 1994/95. UNICEF also will support national and regional activities to strengthen CDD and EPI through policy revision, training and, where necessary, the supply of some materials, including vaccines.

67. At the national level, assistance will be provided to the Regional Centre on Problems in Nutrition, a WHO collaborating centre, to build a more rapid system of nutrition surveillance in children and to incorporate new findings in safety net policies and advocacy through linkages among the surveillance system, key government and NGO decision makers and the mass media.

68. UNICEF will assist the Government of Kazakhstan either directly or through a national NGO to develop mechanisms that allow information on essential social sector needs and on national and international organization projects and plans

to be efficiently organized, stored, disseminated and used. As with other countries in the region, during the two-year bridging programme, UNICEF will provide support for fellowships to encourage intercountry cooperation and exchange of experience.

69. Activities in a selected region in Kazakhstan are planned to update key health system practices and to identify the most cost-efficient approaches to reduce further U5MR and MMR. Activities are likely to include rapid assessment of health worker beliefs and practices; training activities for EPI, ARI and CDD; review of the situation and logistical support for improving the availability of basic drugs at the first level of care; advocacy and support for maternity hospital implementation of the "baby-friendly" hospital initiative; promotion of community involvement in a nutrition monitoring/assessment/action system; technical support and training for planning and budgeting focused on MCH goals; and feldsher training in community assessment and communication skills.

70. In the area of water supply and sanitation, UNICEF will support exchange of technologies and quality assurance techniques. Through the experience exchange mechanisms described above, UNICEF will also enable appropriate personnel from Kazakhstan to visit sites in Turkmenistan, where UNICEF efforts in water supply and sanitation are already under way. In the area of basic education, UNICEF will support the adaptation and introduction of Facts for Life into the primary school system and advocate, with other donors, strong support for Kazakhstan's efforts in educational reform.

71. In the area of planning and social communication, UNICEF will support activities by the Government, and through NGOs and the mass media, that advocate that children and women be given "first call" during the period of transition. UNICEF will also support activities related to the development of NPAs and ratification of the Convention on the Rights of the Child. In addition, UNICEF will support a national analysis of the situation of children and women in Kazakhstan and the preparation of the 1995-1999 country programme of cooperation.

72. The level of UNICEF support recommended for Kazakhstan is $2 million from general resources and $4 million in supplementary funds.

B. Kyrgyzstan

Basic data (1990 unless otherwise indicated)

Child population (millions, 0-15 years)	1.1
U5MR (per 1,000 live births)	..
IMR (per 1,000 live births)	54
Underweight (%, moderate and severe)	..
Maternal mortality rate (per 100,000 live births) (1989)	43
Literacy (%, male/female)	..
Primary school enrolment (%, net, male/female)	..
Percentage of grade 1 reaching grade 4	..
Access to safe water (%, urban/rural)	..
Access to sanitation (%, urban/rural)	..
GNP per capita	$1,550

One-year-olds fully immunized against:

tuberculosis:	.. per cent (1989-1991)
diphtheria/pertussis/tetanus:	.. per cent (1989-1991)
measles:	91 per cent (1989-1991)
poliomyelitis:	72 per cent (1989-1991)

Pregnant women immunized against:

tetanus:	.. per cent (1989-1991)

73. Like Tajikistan, Kyrgyzstan is relatively poor in resources compared to the other three countries under discussion. The population of 4.4 million (1990) has a per capita GNP of $1,550. Kyrgyzstan has a small, open economy which is highly agricultural and is heavily dependent on exports to the former republics of the Soviet Union and imports from those countries. One half of budgetary expenditure was met formerly by a grant from the Soviet Union. Due to the country's vulnerability, the crisis has had an extremely negative impact, especially on such social sectors as health care.

74. In addition, the Government of Kyrgyzstan is implementing economic reforms at perhaps the fastest rate of the five countries. In October 1992, price controls were removed on all items except bread, drugs, rent, heating and some social services, and all prices will be decontrolled by July 1993. The unemployment rate is high due to the rapid pace of privatization. Ten per cent of all State enterprises were privatized by October 1992 and 35 to 40 per cent are expected to be privatized by the end of 1993. This is occurring first in the service and industrial sectors and will be followed at a slower pace by agriculture. The unemployment rate of 3.3 per cent (1992) is expected to increase.

75. Given this economic situation, implications are ominous for the health and social sectors. The only expenditures the Government is attempting to maintain

in the health sector are salaries, food for hospital patients and drugs. A medical insurance law has been passed which will require enterprises to provide health care for their employees. In the education sector, only salaries can be maintained, causing growing shortages of books and materials. Capital investments and maintenance in both health care and education are suffering.

76. Infant mortality trends reflect the seriousness of the situation. For the first eight months of 1992, government sources show a sharp increase in IMR, by 16 per cent. Infant deaths from perinatal causes have increased over the past few years. Estimates of MMR vary from 43 per 100,000 live births (WHO) to 74 per 100,000 live births (government sources). ARI causes 41 per cent of infant deaths (1991), perinatal causes account for 27 per cent and diarrhoeal diseases account for 10 per cent. A high rate of prematurity (up to 23 per cent) indicates serious maternal malnutrition. As in other countries in the region, hospitalization rates are extremely high. Three out of every four infants and nearly one out of every two children who are treated for ARI are hospitalized.

77. Of all the countries in the region, Kyrgyzstan has been perhaps the hardest hit in the education sector. Within a period of less than a year, the situation has deteriorated rapidly from that found by the earlier UNICEF/WHO mission. Kyrgyzstan already has the highest proportion of pupils (36 per cent) in second and third shifts at school due to lack of facilities. There are added difficulties due to the fast rate of economic reform. The sector is having to cope with enormously increased nominal expenditures due to inflation; many State pre-schools have closed and compulsory school periods have been shortened.

78. Kyrgyzstan, like other countries of the former Soviet Union, is struggling with curricular reform and restructuring away from the former political ideology. The Kyrgyz language was recently made mandatory in all schools and the production of new texts and teaching materials in Kyrgyz is an added burden. All these difficulties are exacerbated by a general lack of strategic planning in the current system. There is also a lack of effective project monitoring and information even for humanitarian assistance. This already has resulted in duplication and ineffective use of some shipments of humanitarian aid.

79. Water supply and sanitation coverage are comparable to those in other countries in the region: 84 and 60 per cent, respectively, for the urban population and 50 and 10 per cent, respectively, for the rural population. There has been limited systematic planning and coordination of sector activities, especially in data collection, due to the involvement of many government departments and a lack of clearly defined roles. The breakdown of trade among former republics has had a severe impact on the procurement of pipes and pumps. Financial constraints have resulted in the especially unsuitable choice of asbestos/cement pipes in many cases, rather than polyethylene pipes, which would be more suitable for the mountainous, earthquake-prone areas of the country.

80. A recent World Bank study identified over 40 NGOs working in the social sector in Kyrgyzstan. However, there is no clear legal or policy framework for most NGOs, and they generally lack expertise in areas ranging from fund-raising and management to international linkages and project design. Several of the specialized NGOs providing services, training and work opportunities for

handicapped persons are now threatened by the general economic climate, a lack of affordable raw materials and a lack of purchasers for their products.

Strategy

81. The strategy underlying the two-year bridging programme in Kyrgyzstan draws heavily on the objectives, principles and approach outlined for all of these countries. However, in Kyrgyzstan emphasis will be on developing an effective system to monitor the social safety net and utilizing this information to influence policy and project decisions. A second emphasis will be on improving management of primary education.

82. In November 1992, the Government of Kyrgyzstan requested immediate assistance to procure essential drugs for children as loans for this purpose from the European Community, the World Bank and bilateral partners would not be processed in time for winter ARI epidemics. The Government also requested special assistance for the Toktogoul district in the mountains of central Kyrgyzstan, where a recent earthquake had killed 54 persons and destroyed schools, health facilities and approximately 10,000 homes, affecting over 60,000 persons, including 24,000 children under the age of 14 years.

83. UNICEF provided $250,000 in emergency funds to Kyrgyzstan, including $218,000 for essential drugs for children and $30,000 for emergency health and educational supplies for the earthquake-affected areas. UNICEF also provided technical assistance to improve the organization and distribution of essential drugs and emergency supplies to the appropriate locations. It was also used to train local medical staff in vitamin A administration and measles vaccination to at-risk children under five years of age and in the rational use of antibiotics for case management of ARI in children.

Programme actions

84. The UNICEF response to these emergency requests has placed the organization in an excellent position to collaborate with the Government and WHO to develop ARI and CDD national programmes and to strengthen the national EPI and make it more consistent with international guidelines for immunization schedules and contraindications for immunization. Assistance will be oriented mainly towards technical assistance; support for training, translation and dissemination of up to date technical materials; and, when necessary, provision of supplies.

85. UNICEF will support Kyrgyzstan to develop a locally-based government/NGO safety net monitoring and response system to protect vulnerable families. This system will include community-based child mortality analysis and actions under the responsibility of local officials; implementation of regional and district-level education management information systems, including school-level monitoring of child- and family-related safety net indicators; support for NGO training and income-generating activities for the most vulnerable women; and training of health workers in intersectoral teamwork on community health assessment and follow-up action.

86. As in Kazakhstan, Kyrgyzstan is already experiencing problems generated by a lack of training and mechanisms for coordination and information-sharing related to national humanitarian and technical assistance needs in the social

sectors. UNICEF will assist the Government either directly or through a national NGO to develop mechanisms that allow information on social sector needs and on national and international organization projects and plans to be efficiently organized, stored, disseminated and used. In addition, as with other countries in the region, UNICEF will provide support for fellowships to encourage intercountry cooperation and experience exchange. Support will be provided to strengthen NGOs and promote government collaboration.

87. UNICEF will provide substantial support to government efforts to reform and improve the management of the education sector. UNICEF will assist in the analysis of emerging problems and the development of an appropriate education management model that better fits a society in transition. Advocacy will be carried out with major donors for the supply of books and materials. In addition, UNICEF will support national efforts to develop, adapt and field test education for development modules. As in other countries, UNICEF will support the adaptation and introduction of Facts for Life messages into the primary school system.

88. In the area of water supply and sanitation, UNICEF will support technical exchange and quality assurance methods. Efforts will be made to introduce improved, lower-cost, appropriate technologies to planners and technical personnel through the provision of relevant technical information and literature and its translation; exchange visits with suitable technical institutions and private manufacturers; and national and regional workshops and seminars. If possible, a small pilot project to demonstrate low-cost technologies for drinking water will be supported in one district. UNICEF will support visits to Turkmenistan by appropriate personnel, where more extensive UNICEF-supported efforts in water supply and sanitation are planned.

89. In the area of planning and social communication, UNICEF will support activities by the Government and through NGOs and the mass media advocating that children and women be given a "first call" during the period of transition. UNICEF also will support activities related to the development of an NPA and ratification of the Convention on the Rights of the Child. In addition, UNICEF will support a national analysis of the situation of children and women in Kyrgyzstan and the preparation of the 1995-1999 country programme.

90. The level of UNICEF support recommended for Kyrgyzstan is $2 million from general resources and $2 million in supplementary funds.

C. Tajikistan

Basic data (1990 unless otherwise stated)

Child population (millions, 0-15 years)	2.3
U5MR (per 1,000 live births)	..
IMR (per 1,000 live births) (1990)	72
Underweight (%, moderate and severe)	..
Maternal mortality rate (per 100,000 live births) (1989)	39
Literacy (%, male/female)	..
Primary school enrolment (%, net, male/female)	..
Percentage of grade 1 reaching grade 4	..
Access to safe water (%)	..
Access to health services (%)	..
GNP per capita	$1,050

One-year-olds fully immunized against:

tuberculosis:	.. per cent (1989-1991)
diphtheria/pertussis/tetanus:	.. per cent (1989-1991)
measles:	89 per cent (1989-1991)
poliomyelitis:	90 per cent (1989-1991)

Pregnant women immunized against:

tetanus:	.. per cent (1989-1991)

91. The outbreak of civil and military conflict in Tajikistan prevented a scheduled programming mission to that country in November 1992. However, a representative from the UNICEF office in Kabul participated in the United Nations Department of Humanitarian Affairs mission which visited the country from 5 to 13 November 1992. Based on the mission's findings, $570,000 of UNICEF emergency assistance was released for basic drugs, vaccines and related supplies, high-protein biscuits, collapsible water tanks and emergency technical assistance. As of December 1992, international relief efforts, including those by UNICEF, were being hampered by both the continued fighting and a serious shortage of fuel.

92. As the situation becomes resolved, the emergency assistance will be complemented by additional humanitarian aid, which will then become a base for longer-term programmes and projects to be implemented within the framework of common strategies and activities in the present recommendation. When peace comes, emergency activities will address immediate needs and the rebuilding and reactivation of essential services for children.

93. The level of support recommended for Tajikistan is $2 million from general resources and $4 million in supplementary funds, mainly for humanitarian assistance in the wake of the military conflict.

D. Turkmenistan

Basic data (1990 unless otherwise indicated)

Child population (millions, 0-15 years)	1.6
U5MR (per 1,000 live births)	..
IMR (per 1,000 live births) (1990)	94
Underweight (%, moderate and severe)	..
Maternal mortality rate (per 100,000 live births) (1989)	55
Literacy (%, male/female)	..
Primary school enrolment (%, net, male/female)	..
Percentage of grade 1 reaching grade 4	..
Access to safe water (%, urban/rural)	..
Access to health services (%, urban/rural)	..
GNP per capita	$1,700

One-year-olds fully immunized against:

tuberculosis:	.. per cent (1989-1991)
diphtheria/pertussis/tetanus:	.. per cent (1989-1991)
measles:	68 per cent (1989-1991)
poliomyelitis:	84 per cent (1989-1991)

Pregnant women immunized against:

tetanus:	.. per cent (1989-1991)

94. Compared with the other republics visited by the UNICEF team in October and November 1992, and indeed with the rest of the former republics, Turkmenistan has relatively low social indicators of development. Overspecialization in cotton cultivation has led to a high degree of dependency on food imports. The breakdown of inter-republic trade caused a sharp decline in industrial output in 1991 and 1992. However, Turkmenistan has stronger potential for economic and social development because of its substantial energy resources. The country uses only 6 per cent of the natural gas extracted annually, and it will begin selling this commodity at world prices in 1993.

95. Unlike other countries in the region, Turkmenistan is currently able to maintain subsidies and move at a slow pace towards transition to a market economy. The Government has maintained price controls on a wide array of food and other products. Thus, for the first nine months of 1992, price increases on food products were more than compensated by wage increases. However, some groups at the bottom of wage and pension scales were still adversely affected. For example, in October 1992, the cost of the minimum consumption needs was one and one half times more than the minimum wage.

96. Turkmenistan is also different from its northern neighbours in that its budget deficit is expected to be eliminated as the country begins to export gas. Examination of the health and education budgets shows that expenditures in real

terms have been maintained, even on capital investments. There are no current plans for privatization in the health sector. Drug availability has not declined, since imports from other parts of the world are being substituted for drugs previously imported from the former Soviet Union. In the education sector, the building and renovation of schools is being maintained, and currently the school system has sufficient materials and books.

97. A comprehensive social safety net still exists in Turkmenistan and currently there are no plans to dismantle it. The social service infrastructure is relatively well developed. There was no open unemployment in 1992. Privatization of the service sector is only just beginning, and it is unlikely to lead to much unemployment, as service sector firms are small and the employees will assume ownership. The Government provides a more generous level of social support than in many other former republics and has resisted proposals made by international financial institutions to liberalize prices. Family protection is a strong principle of government policy. Since much of what the family consumes is imported, the Government has built a system of family allowances to compensate for price increases, and new allowances were introduced following independence.

98. Despite this encouraging picture, there are serious problems with the country's health, water supply and sanitation sectors as shown by social indicators. With a total population of 3.7 million (1990), IMR and MMR are the highest in the region, at 94 per 1,000 live births and 55 per 100,000 live births, respectively, according to WHO estimates. (Government figures show an IMR of 46 per 1,000 live births and an MMR of 107 per 100,000 live births, also the highest for the region.) Yet there are high ratios of health staff to population, with one physician for every 277 persons and one health worker for every 68 persons; over 98 per cent of births take place in hospitals. Some 40 per cent of infant deaths occur at home or within 24 hours of the arrival of the infant at the hospital, and diarrhoeal diseases are the second most common causes of death in infants. A low level of health awareness is further reflected by water supply and sanitation coverage figures of 76 and 46 per cent, respectively, for the urban population, and 50 and under 2 per cent, respectively, for rural coverage.

99. The immediate causes of high child morbidity and mortality can be attributed to the relative ineffectiveness of the health care system, insufficient knowledge regarding health care and good practices in the family, and the poor quality of water supply and sanitation. The poor quality of drinking water results from a combination of poor sanitation practices, high per capita production of polluted waste discharged into surface waters and severe pollution from intensive agrochemical use in the cotton growing regions around the Aral Sea. For the past several years, for example, agrochemical use has been consistently higher, by 12 to 20 times, than the levels used in the whole of the former Soviet Union.

Strategy

100. UNICEF will provide assistance in major areas of child survival as outlined in the common strategy. Cooperation during the two-year bridging period will also provide support for developing an NPA, advocacy related to the Convention on the Rights of the Child and capacity-building for national NGOs.

101. The major focus in Turkmenistan will be on targeting drinking water supply and environmental sanitation to improve the health of those groups in rural and marginal urban areas currently lacking access to safe water supply and to excreta disposal facilities. This programme aims to strengthen government capacity to coordinate the sector efficiently, formulate appropriate policies, enhance planning, accelerate implementation and improve water quality testing and control.

Programme actions

102. UNICEF will assist appropriate national organizations to augment and strengthen their information management, monitoring and evaluation systems; to identify potential donors; and to prepare project funding proposals for areas of special need in the water supply and sanitation sector. Assistance will also be given to identify and promote cost-efficient means of accelerating coverage and strengthening national capacity for hygiene education at all levels. UNICEF support will encourage and facilitate technical cooperation among other countries within the region and, as appropriate, with other industrialized countries.

103. UNICEF support to water supply and sanitation activities in Turkmenistan will be linked to health and nutrition interventions and will be developed on the basis of two complementary strategies: (a) national, institutional capacity-building through technical assistance to enhance planning, policy formulation, coordination for intra-sectoral and intersectoral linkages, implementation, management, monitoring and evaluation; and (b) two small pilot projects for water supply, sanitation and hygiene education, which will be directly linked to national policy formulation and will be used for demonstration purposes within the country and the region.

104. The first pilot effort will be a rural project to demonstrate to the Government and beneficiaries how coverage can be accelerated cost-effectively in a participatory and sustainable way. At the same time, maximum health and social benefits will be provided through the use of cost-effective appropriate technologies; local participation in planning, implementation and management; and water quality testing and control linked to advocacy for legislation for environmental protection. A second effort will be a peri-urban pilot project for water supply, sanitation and hygiene education specifically designed within the urban context but featuring all the strategic elements of the rural project.

105. The level of UNICEF support recommended for Turkmenistan is $2 million from general resources and $2 million in supplementary funds.

E. Uzbekistan

Basic data (1990 unless otherwise stated)

Child population (millions, 0-15 years)	8.6
U5MR (per 1,000 live births)	..
IMR (per 1,000 live births) (1990)	64
Underweight (%, moderate and severe)	..
Maternal mortality rate (per 100,000 live births) (1989)	43
Literacy (%, male/female)	..
Primary school enrolment (%, net, male/female)	..
Per cent of grade 1 reaching grade 4	..
Access to safe water (%, urban/rural)	..
Access to sanitation (%, urban/rural)	..
GNP per capita	$1,350

One-year-olds fully immunized against:

tuberculosis:	.. per cent (1989-1991)
diphtheria/pertussis/tetanus:	.. per cent (1989-1991)
measles:	81 per cent (1989-1991)
poliomyelitis:	61 per cent (1989-1991)

Pregnant women immunized against:

tetanus:	.. per cent (1989-1991)

106. Uzbekistan has one of the largest economies in Central Asia. Its natural resource base is substantial and it has the largest population of the five countries (20.5 million in 1990). There are extensive reserves of petroleum, natural gas and coal, along with considerable potential for hydroelectric power. Uzbekistan was the third largest producer of natural gas in the former Soviet Union (after Russia and Turkmenistan), producing some 38 billion cubic metres in 1989. However, a large portion of its local industry is based on energy from gas, making net exports of gas far lower than those of Turkmenistan (one sixteenth as high). Although the country is currently a net importer of petroleum, new discoveries hold promise to make Uzbekistan self-sufficient in energy. It also has major gold deposits and, in the long term, probably has the capacity to weather the current period of economic crisis.

107. In the shorter term, however, Uzbekistan is facing severe problems. Its 1991 GNP was $1,350, but most likely declined in 1992 as output declined by 18 per cent in the first nine months of the year. About 40 per cent of industrial output in Uzbekistan is based on processing of local raw materials and was therefore unaffected by the decline in trade among the former republics. (The rest of the sector had a decline in output of 30 per cent in 1992.) Uzbekistan is dependent on a cotton monoculture, which provides 40 per cent of its agricultural output. This has resulted in severe environmental damage and also dependence on food imports. As much as 65 per cent of total food

requirements are imported. After inter-republic trade declined, hard currency earned from cotton exports began to be used to import food, especially grain.

108. The Government of Uzbekistan is moving relatively slowly on economic reform and has retained price controls on a variety of consumer goods. The increase in retail prices in 1992 was much lower than the corresponding inflation rates in Kazakhstan and Kyrgyzstan.

109. Spending has been cut in the social sectors, since both the sharp rise in food subsidies and the comprehensive social security payments have been difficult to sustain. The budget of the Ministry of Health had been reduced by up to 50 per cent and the central Government is maintaining expenditures only on salaries, drugs and food for hospital patients. The Government has undertaken a programme of privatization of the health sector and is considering the adoption of medical insurance as a means to reduce the fiscal burden of the public sector. A set of guaranteed minimum services will form the basis of the social safety net under the new system.

110. Both IMR (64 per 1,000 live births) and MMR (43 per 100,000 live births) show disparities between different regions of the country. For example, some areas around the Aral Sea have an IMR of nearly double, and an MMR of more than double, the national average. Government figures show an IMR of 36 per 1,000 live births and an MMR of 65 per 100,000 live births. ARI, principally pneumonia, is the leading cause of infant death (45 per cent in 1991), followed by perinatal causes (28 per cent) and diarrhoeal diseases (11 per cent). Nearly 25 per cent of maternal deaths are caused by haemorrhage and the remainder by infections and factors related to abortions. In 1991, abortions were performed on 26 per cent of all pregnancies. As in other countries in the region, drug consumption is high. In 1991, there was an average of 6.1 drugs per prescription, and in the capital of Tashkent, on average, 15.7 drugs were contained in each prescription.

111. Despite high hospitalization rates and extensive use of drugs, a high proportion (45 per cent) of infant deaths occur at home or within 24 hours of hospital admission. The crucial challenge is to improve the quality and effectiveness both of health care services and of health care and health promotion in the home.

112. Nutritional problems are of particular significance in Uzbekistan. As in other countries in the region, there is no systematic monitoring of child growth and nutrition or of the nutritional status of mothers. Although children's growth is measured regularly, no growth charts are kept and the categories of "acute", "chronic", " moderate", and "severe" malnutrition are not used. Anaemia appears to be a widespread problem, with 70 per cent of pregnant women reportedly affected. However, Uzbekistan differs from other countries in the region, with the possible exception of Kazakhstan, in that there are already plans to introduce more rigorous criteria for nutrition monitoring.

113. Monitoring of household food security and nutrition is badly needed, together with education regarding nutrition. Diets are generally unbalanced, with a too high consumption of bread products and low consumption of fruits and vegetables. The consumption of meat, fish products and dairy products is generally below the minimum requirement.

114. As in other countries in the region, education levels are high, with near universal literacy. However, the Government has already reduced the teaching load as a direct response to the reduction in teachers' salaries, and it is seeking to contain costs through such means as postponement of maintenance and construction, as well as expansion of in-home preschools.

115. Access to water supply is estimated at 82 per cent in urban areas and 49 per cent in rural areas. Despite escalating costs of treating water supplies, there is little monitoring or control over the use of water. Official sanitation coverage is 46 per cent in urban areas and below 5 per cent for the rural population. For much of Uzbekistan, the poor quality of drinking water is a major problem. There is contamination from domestic and industrial sewage and severe pollution from agrochemicals used in cotton production near the Aral Sea. Most of the surface water and some groundwater sources are contaminated.

116. UNICEF cooperation in Uzbekistan during the 1993-1994 bridging period will be based on the common strategy outlined above. Nutrition and household food security will be the main focus of activities at the regional level. Advocacy for ratification of the Convention on the Rights of the Child and for stronger government efforts to generate effective health care through intersectoral efforts in health and household food security will also be important components.

Programme actions

117. Cooperation will include support to strengthen service delivery and promotion of child health in the home. In collaboration with WHO, UNICEF will support strengthening of EPI and of effective programmes to control ARI and diarrhoeal diseases, including some provision of essential drugs and vaccines. UNICEF will also support fellowships for intercountry experience exchange and strengthening of maternal health and newborn care.

118. As in other countries in the region, during the initial period of cooperation UNICEF will concentrate its support on one major cluster of activities. This focus area will be an integrated approach to nutrition, household food security and health at regional and community levels. Activities will include health and nutrition surveys and an early warning food and nutrition monitoring system; model MCH treatment and training units; seminars and training workshops on MCH issues; essential drugs planning and supply for first-level facilities; and linkage of local health, agricultural, administrative and NGO personnel to identify household food security strategies to help the most vulnerable help themselves (such as through establishment of better home gardens and provision of training and supplies for canning).

119. UNICEF will also support a plan to meet children's needs for a safe water supply, especially in environmentally degraded areas. This could be an "action plan for the children's environment", formulated in connection with the NPA. Such a plan will establish integrated targets, planning and responsibility for meeting goals for safe water supply. UNICEF inputs will include facilitation of technical working group meetings, support for research on effects of toxic pollution on children's health and advocacy and workshops for building consensus leading to action for children and women.

120. UNICEF will collaborate with the Government and NGOs in the area of health promotion, with support for activities aimed at enabling mothers and families to prevent illness and to care for a sick child from the early stages of illness. One set of activities will be the adaptation, dissemination and use by mothers, families and the primary school system of Facts for Life.

121. UNICEF will support activities to organize and produce a national situation analysis on children and women in order to develop a full programme of cooperation for the 1995-1999 period. Support for activities related to the development of an NPA and advocacy for ratification of the Convention on the Rights of the Child will also be provided.

122. The recommended support for Uzbekistan is $2 million from general resources and $4 million from supplementary funds.

COUNTRY PROGRAMME MANAGEMENT

Programme management and coordination

123. The five programmes will be administered by an area representative for Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan, and a temporary presence will be established in one of the United Nations offices in the countries concerned. The area representative will provide overall programme coordination and will supervise and support implementation, particularly for strategy review and coordination of intercountry activities. Other technical support staff will provide additional support for implementation of specific activities. Depending on the relevant government structures of the individual countries, the area representative will work with relevant ministries and the Prime Minister's office and will also work closely with the President's Office, which has the final decision-making authority. An annual intercountry meeting will review programme implementation and emerging issues affecting women and children in the respective countries. Of the amount recommended for general resources, approximately $1.5 million will be used during the bridging period for programme support and operations, including support for an area presence.

124. UNICEF will actively support the Secretary-General's initiative to establish integrated United Nations country offices, as well as the provisions of General Assembly resolution 47/199 of 22 December 1992 which calls for an integrated approach and presence. All UNICEF staff will be based in an integrated office wherever one exists. Close coordination will be maintained with the Secretary-General's representative and other United Nations agencies, while maintaining clear lines of responsibility and accountability for UNICEF programmes. Every effort will be made to encourage and support the development of a United Nations country strategy for each country, within which the system and main elements of the overall programme will be set.

125. In each country the senior UNICEF staff member will be an international Professional designated as a "resident programme officer". Each country will have at least one additional international Professional, as well as a national Professional and national General Service staff. Attempts will be made to recruit United Nations Volunteer specialists to serve in each country. There will be international General Service positions in the area office and in two

country offices. During the first year of UNICEF collaboration, as offices are being established, assistance from UNICEF headquarters, from various regional and country offices and from consultants will be used in order to train locally recruited and new international staff in UNICEF administrative, finance and programme procedures and to assist in the rapid implementation of country activities.